

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/980049

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11	1		1			
12		1	CANCELLED			
13		1	CANCELLED			
14		1	CANCELLED			
15		1	CANCELLED			
16		1	CANCELLED			
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18		1	CANCELLED			
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43		1	CANCELLED			
44		1	CANCELLED			
45		1	CANCELLED			
46		1	CANCELLED			
47		1	CANCELLED			
48		1	CANCELLED			
49		1	CANCELLED			
50		1	CANCELLED			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
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97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	18	↓		↓
TOTAL CLAIMS			20			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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